



**BEFORE THE OFFICE OF ENROLLMENT AND DISCIPLINE
UNITED STATES PATENT AND TRADEMARK OFFICE**

LIMITED RECOGNITION UNDER 37 CFR § 10.9(b)

Arti Kane is hereby given limited recognition under 37 CFR § 10.9(b) as an employee of QUALCOMM Incorporated to prepare and prosecute patent applications wherein QUALCOMM Incorporated is the assignee of record of the entire interest. This limited recognition shall expire on the date appearing below, or when whichever of the following events first occurs prior to the date appearing below: (i) Arti Kane ceases to lawfully reside in the United States, (ii) Arti Kane's employment with QUALCOMM Incorporated ceases or is terminated, or (iii) Arti Kane ceases to remain or reside in the United States on a H1B1 visa.

This document constitutes proof of such recognition. The original of this document is on file in the Office of Enrollment and Discipline of the United States Patent and Trademark Office.

Expires: May 5, 2005

Harry I. Moatz
Director of Enrollment and Discipline

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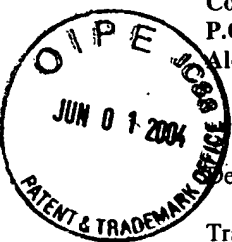
JUN 04 2004

Technology Center 2600

AMENDMENT TRANSMITTAL FORM

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Customer No.: 23696
Attorney Docket No.: 010493
In Re Application of: BURKE et al.
Serial Number: 10/071,452
Filed: February 8, 2002
Examiner: Danh C. Le
Group Art Unit: 2683



Dear Sir:

Transmitted herewith for filing is a Response to Office Action in the above identified application.

In addition, the following documents are enclosed:

1. ☐ A Petition for Extension of Time: () month(s) is hereby requested.
2. ☐ Information Disclosure Statement (IDS):
 - a. ☐ PTO-1449
 - b. ☐ Copies of IDS Citations (number of citations:)
3. ☐ Change of Attorney's Address in Application.
4. ☐ Other:

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CLAIMS	(a) Number Remaining After Amendment	(b) Highest Number Previously Paid For	(c) Extra Claims	Large Entity Fee	Fee Paid
Total*	8	20	0	x \$18 =	\$0
Independent**	8	8	0	x \$86 =	\$0
Multiple Dependent Claim(s): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				\$290	\$0
EXTENSION FEES			<input type="checkbox"/> One Month	\$110	\$0
			<input type="checkbox"/> Two Months	\$420	\$0
			<input type="checkbox"/> Three Months	\$950	\$0
INFORMATION DISCLOSURE STATEMENT			<input type="checkbox"/> After First Office Action	\$180	\$0
			<input type="checkbox"/> After Final Office Action	\$130	\$0
TERMINAL DISCLAIMER				\$110	\$0
				TOTAL FEE	\$0

*If the number in column a is less than 20, enter 0 in column c.

**If the number in column a is less than 3, enter 0 in column c.

5. ☐ Fee check in the amount of \$_____ is enclosed to pay for any claim and/or extension fees.
6. ☒ Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$0.
The Commissioner is hereby authorized to charge payment of any additional fees which may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.
7. ☒ The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.

Date: 5/28/04

Signature:

Arti A. Kane, Limited Recognition
Arti A. Kane, Limited Recognition
858-845-2650

QUALCOMM Incorporated
Attn: Patent Department
5775 Morehouse Drive
San Diego, California 92121-1714
Telephone: (858) 651-4125
Facsimile: (858) 658-2502